

**THE CLIENTS' SECURITY BOARD
OF THE SUPREME JUDICIAL COURT
OF THE COMMONWEALTH OF MASSACHUSETTS**

CONFIDENTIAL APPLICATION

PART 1 – INSTRUCTIONS:

Complete this entire form and mail to Clients' Security Board of the Supreme Judicial Court of Massachusetts, 99 High Street, Boston, MA 02110-2320. Call 617-728-8700 or email us at clientssecurityboard@massbbo.org if you have questions or problems filling out the application.

PLEASE READ THIS NOTICE CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. IN ESTABLISHING THE CLIENTS' SECURITY FUND, THE SUPREME JUDICIAL COURT OF MASSACHUSETTS DID NOT CREATE OR ACKNOWLEDGE ANY LEGAL RESPONSIBILITY FOR THE ACTS OF INDIVIDUAL LAWYERS IN THE PRACTICE OF LAW. ALL REIMBURSEMENTS OF LOSSES BY THE CLIENTS' SECURITY BOARD SHALL BE A MATTER OF GRACE IN THE SOLE DISCRETION OF THE CLIENTS' SECURITY BOARD AND NOT A MATTER OF RIGHT. THE CLAIMANT REPRESENTS THAT NO FEE HAS BEEN OR WILL BE PAID TO ANY LAWYER FOR SERVICES RENDERED IN THE PREPARATION OR FILING OF THIS APPLICATION FOR REIMBURSEMENT, NOR FOR OR ON ACCOUNT OF THE PAYMENTS OF ANY SUMS AS A RESULT OF THIS APPLICATION. NO CLIENT OR MEMBER OF THE PUBLIC SHALL HAVE ANY RIGHT IN THE CLIENTS' SECURITY FUND AS A THIRD PARTY BENEFICIARY OR OTHERWISE.

The Rule adopted by the Court further provides that in exercising its discretion to allow or reject claims, the Board must consider the following factors, together with such other circumstances as the Board may deem appropriate:

1. *All the amounts available and likely to become available to the Fund for payment of claims.*
2. *The total losses caused by defalcations by any one or associated groups of attorneys.*
3. *The unreimbursed amounts of claims recognized by the Board as meriting reimbursement for which complete reimbursement has not been made.*
4. *The amount of the claimant's loss as compared with the total amount of the then known losses which merit reimbursement from the Fund.*
5. *Any conduct of the claimant which may have contributed to his or her loss.*
6. *The degree of hardship suffered by the claimant compared with that suffered by other claimants.*

ONLY LOSSES SUSTAINED BY CLIENTS CAUSED BY DEFALCATIONS BY MEMBERS OF THE MASSACHUSETTS BAR, ACTING AS ATTORNEYS OR AS FIDUCIARIES, MAY BE CONSIDERED BY THE BOARD. THE BOARD DOES NOT RESOLVE FEE DISPUTES OR COMPENSATE FOR AN ATTORNEY'S NEGLIGENCE OR MALPRACTICE. THERE IS NO APPEAL FROM A DECISION OF THE CLIENTS' SECURITY BOARD.

Please be advised that proceedings before the Board are confidential; however, this claim application or the information contained herein may be provided to investigative agencies such as the OFFICE OF BAR COUNSEL, the Office of the Attorney General, or the Office of the District Attorney.

THIS APPLICATION MUST BE SIGNED BY EVERY INDIVIDUAL WHO HAS AN INTEREST IN THE LOSS CLAIMED. TO EXPEDITE THE PROCESSING OF YOUR CLAIM, PLEASE SIGN HERE, AT THE END OF PART 2 AND THE END OF PART 3.

Date: _____ Signature of Claimant _____

Date: _____ Signature of Claimant _____

website: www.state.ma.us/ClientsSecurityBoard

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PART 2 - CONFIDENTIAL APPLICATION:

You must answer every question in this application. If space is inadequate, please attach additional pages. It is important that you submit all evidence that proves your loss, such as canceled checks, letters, closing statements, etc. Mail the completed application to: Clients' Security Board, 99 High Street, Boston, MA 02110-2320. Telephone number (617) 728-8700.

1: Applicant Information:

Applicant's Name: (Mr/Mrs./Ms) _____

Address: _____

Telephone: (work) _____ (home) _____

E-mail address: _____

2: Identify the attorney who has dishonestly taken your money or property:

Attorney's Name: _____

Attorney's Address: _____

Attorney's Telephone: (work) _____ (home) _____

3: Have you reported this loss to the Board of Bar Overseers _____? District Attorney _____? Police _____? Any other agency _____?
If you have, please enclose a copy of your complaint, and indicate whether any action was taken. If you have not, please explain why:

4: Please describe what steps (written or oral demands, lawsuits, etc.) you have taken to recover the loss directly from the attorney or any other source. (Please attach copies of any relevant documents or correspondence):

5: Please identify any other person or entity that may also have an interest in the money or other property taken by the attorney:

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6: Are you aware of any other source from which you can be reimbursed, such as malpractice insurance, fiduciary bonds, or surety agreements? Yes ☐ No ☐

Don't Know ☐ . If YES, please describe the source:

7: Please provide a statement of facts concerning your claim. PLEASE DESCRIBE THE SERVICES WHICH YOU ASKED THE ATTORNEY TO PROVIDE FOR YOU, the nature of your loss, when the loss occurred, and how and when you became aware of the loss. Please be sure to specify the amount of your loss. If your claim involves a court proceeding, please include the name of the court where the case is pending and the docket number. If space is inadequate, please attach additional pages.

Amount of loss: \$ _____

Description of loss:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

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8: How much did you pay the attorney by way of fees or otherwise, and on what dates? Please attach copies of any evidence of payments, such as checks or receipts. If cash was paid and no receipt given, please indicate.

(Dates/Amounts) _____

9: WAS YOUR FEE AGREEMENT WITH THE ATTORNEY IN WRITING? YES ☐ NO ☐.
IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT.

10: Have you received any repayment of your loss from the attorney or from any other source? YES ☐ NO ☐
IF YES, PLEASE INDICATE HOW MUCH AND EXPLAIN.

11: How did you learn about the Clients' Security Board?

12: Please indicate whether you or the attorney has filed for bankruptcy protection.

13: Please provide the name, address, and telephone number of any lawyer or other person presently representing you or assisting you with this application:

Name: _____

Address: _____

E-mail address: _____

Telephone: _____ **Telefax:** _____

PLEASE BE ADVISED THAT COURT RULES DO NOT PERMIT ATTORNEYS TO CHARGE ANY FEE TO CLIENTS FOR PROCESSING THEIR CLAIMS WITH THE BOARD.

I (We) verify and affirm, under the penalties of perjury, that the information provided in this application is true.

Date: _____ Signature of Claimant _____

Date: _____ Signature of Claimant _____

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PART 3 - LIMITATIONS AND AGREEMENTS:

A: This application is made in order to induce the Clients' Security Board to process, investigate, and consider the payment from its Clients' Security Fund of all or part of the loss incurred by the applicant as a result of the dishonest conduct of the lawyer named in this application.

B: The applicant agrees that upon payment from the Clients' Security Fund, he will:

1. Transfer, assign, and set over to the Clients' Security Board all the applicant's claims, demands, causes of action, actions, and suits against the lawyer and arising out of the dishonest conduct upon which this application for relief is based.
2. Authorize the Board to prosecute all such claims, demands, causes of action, actions, and suits against the lawyer, either in the name of the applicant or in the name of the Board, or both, as the Board may in its sole discretion deem appropriate.
3. Cooperate with the Board in any efforts by the Board in enforcing any claim, demand, cause of action, actions, or suit against the lawyer.

C: The applicant understands that:

1. All civil actions to be taken against the lawyer hereunder shall be under the control of the Board, and that the Board may prosecute, fail to prosecute, or abandon any such claim, demand, cause of action, actions, or suit against the lawyer as the Board may deem appropriate in its sole discretion and without the necessity of consent or approval of the applicant.
2. Before the applicant receives any payment from the Fund, he or his legal representative will be required to execute and deliver to the Board a written agreement stating that if he or his estate should ever receive any restitution from the lawyer or the estate of the lawyer, he will (a) promptly notify the Board of such restitution, and (b) repay to the Fund (up to the amount of the original reimbursement from the Fund) that amount by which the original reimbursement from the fund plus the present restitution from the lawyer or his estate exceeds the reimbursed applicant's actual loss, as determined by the Board.

D: In establishing the Clients' Security Fund, the Supreme Judicial Court of Massachusetts did not create or acknowledge any legal responsibility for the acts of individual lawyers in the practice of law. All reimbursements of losses by the Clients' Security Board shall be a matter of grace in the sole discretion of the Clients' Security Board and not a matter of right. The claimant represents that no fee has been or will be paid to any lawyer for services rendered in the preparation or filing of his application for reimbursement, nor for or on account of the payments of any sums as a result of this application. No client or member of the public has any right in the Clients' Security Fund as a third party beneficiary or otherwise. *There is no appeal from a decision of the Clients' Security Board.*

Date: _____ Signature of Claimant: _____

Date: _____ Signature of Claimant: _____

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